## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #  1. Corporation Name	P94000037193 (7)	
JODON BEVERAGE	CORPORATION	

Principal Place of Business ICIA DALMA DO

Mailing Address



2. Principal Place of Business  2a. Mailing Address  2b. Mailing Address  2c. Principal Place of Business  2c. Mailing Address  2c. Mai	f Last Report 2/16/1995
Suite, Apt. #, etc.  Suite, Ap	
Suite, Apt. #, etc.    Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     City & State     City & State     City & State     City & State     Country     Zip	Applied For
City & State  Country  Country  Country  Country  Country  Country  Election Campaign Financing Trust Fund Contribution  Trust Fund Contribution  Country  8. This corporation has lability for intangible tax to Florida Statutes  No Personant Country  No Personant Country  Registered Agent  10. Name and Address of New Registered Agent  Name  HUME, JOHN ESO. HUME & JOHNSON, P.A. 1401 UNIVERSITY DR., SUITE 301 CORAL SPRINGS FL 33071  Registered Agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of change or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent suprature registered when renstating:  CATE  P	Not Applicable
28 Trust Fund Confribution   7p Country Ztp Country Stp Country Stp Country Struct Fund Confribution   9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	\$8.75 Additional Fee Required
Country   Zip   Country   Zip   Country   St. This corporation has liability for intangible tax to provide the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida Statutes.    Signature byte of probled rance of registered agent, or both and accept the obligations of, Section 607.0505, Florida Statutes.    Signature byte of probled rance of registered agent and title it appears.   In the State of Florida Statutes.   In the State of Florida Statutes of Florida Statutes.   In the State of Florida Statutes of Florida Statutes.   In the State of Florida Statutes of Florida Statutes.   In the State of Florida Statutes of Florida Statute	\$5.00 May Be Added to Fees
25   29   30   Florida Statutes   No   9. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   10. Name   10. N	
HUME, JOHN ESQ. HUME & JOHNSON, P.A. 1401 UNIVERSITY DR., SUITE 301 CORAL SPRINGS FL 33071  83 City FL  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of chang or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registrative with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature byped de proted name of registered agent and tile if appeade.  NOTE: Registered Agent signature required when reinstating:  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. Title  P DELETE  1.1 Title  1.2 NAME	
HUME, JOHN ESQ. HUME & JOHNSON, P.A. 1401 UNIVERSITY DR., SUITE 301 CORAL SPRINGS FL 33071  82 Street Address (P.O. Box Number is Not Acceptable)  83 City  FL  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of chang or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature byte depended provided agent and title if appeade.  NOTE: Registered Agent signature required when reinstating.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. TITLE  AMS. JARVIS, DONALD R.	ent
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DI TITLE P DELETE 1.1 TITLE  NAME JARVIS, DONALD R. 12 NAME	
NAME JARVIS, DONALD R. 12 NAME	IRECTORS IN 12
	Change Addition
STREET ADDRESS 5442 B. LAKEWOOD CIRCLE 1.3 STREET ADDRESS	
CITY-ST-ZIF MARGATE FL 1.4 CITY-ST-ZIP	
	Change Addition
NAME JARVIS, JOAN 22 NAME	
STHEET ADDRESS 5442 B. LAKEWOOD CIRCLE 23 STREET ADDRESS	
CI-Y ST 7IP MARGATE FL 24 CITY-ST-ZIP	
TIFLE DELETE 3 1 TITLE	Change Addition
NAME 32 NAME	
STREET ADDRESS 33 STREET ADDRESS	
G-TY-ST-7P 34 City-ST-2IP	
	Change
NAME	
STHEET ADDRESS 43 STREET ADDRESS	
CIV-SI-7IF 44 CITY-SI-72P	
_	Change 🔲 Addition
NAME 52 NAME	
\$1868 F ADDRESS 53 STREET ADDRESS	
C11Y-S1-7IF 54 C1TY-S1-7IP	
	Change 📋 Addition
NAME 62 NAME	
STHEET ADDRESS 63 STREET ADDRESS	
64 CITY-ST-ZIP  14 I do hereby cet fy that the information supplied with this filtre is voluntarily furnished and does not a with the whomever the extension of the filtre is voluntarily furnished and does not a with the whomever the extension of the filtre is voluntarily furnished and does not a with the whomever the extension of the filtre is voluntarily furnished and does not a with the whomever the extension of the filtre is voluntarily furnished and does not a with the whomever the extension of the filtre is voluntarily furnished.	

not necessive that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: √

SIGNATURE AND TYPED OF SIGNING OFFICER OR DIRECTOR

√ 2-26-96

√ 954.975-486≥ Deytme Phone #